



LANDMARK JUDGEMENT

Passive Euthanasia and the Right to Die with Dignity in India

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FACTS OF THE CASE

The applicant before the Supreme Court,¹ aged 32 years, was once a young man of 20 years with a promising future, pursuing a B Tech Degree at Punjab University, when he met with a tragic and life-altering accident. On the fateful evening of 20.08.2013, at around 6 pm, the applicant is stated to have fallen from the fourth floor of his paying guest accommodation, as a result of which he sustained a **diffuse axonal injury**. He was initially rushed to the **Garhwal local hospital**, but within a few hours, he had to be shifted to the **Postgraduate Institute of Medical Education & Research, Chandigarh (PGI, Chandigarh)** due to the severity of his medical condition. From 21.08.2013 to 27.08.2013, he remained admitted at **the PGI, Chandigarh**, where he received conservative management, including AED, analgesics, ventilatory support, antibiotics, tracheostomy, and feeding via a Ryle's tube (nasogastric tube).

Although he was discharged from **PGI, Chandigarh, on 27.08.2013**, his condition remained far from recovery.¹ [Para 6]

Following his discharge, his fragile health condition necessitated frequent hospital admissions and regular medical treatments for his head injuries, seizures, pneumonia, and bedsores at the Jai Prakash Narayan Trauma Centre, All India Institute of Medical Sciences, New Delhi ("AIIMS").

In 2013, the mode of administering Clinically Assisted Nutrition and Hygiene

(CANH) to the petitioner was switched from a Ryle's Tube/nasogastric tube to a surgically placed PEG tube, which now requires replacement at a hospital every 2 months.¹ [Para 7]

Ever since the incident, the applicant has been on a tracheostomy, urinary catheter and CANH administered through the **Percutaneous Endoscopic Gastrostomy (PEG)** tube. The applicant's medical records also indicate that he had a history of seizures in 2014, for which he was put on medication. The last seizure occurred in the year 2016, and since then, he has been receiving anti-seizure drugs for its prevention.¹ [Para 8]

Medical reports of the applicant indicate that he shows no evidence of environmental awareness and is incapable of interacting with others. He also shows no facial gestures, grunts, or body movements to indicate whether he is hungry, has soiled himself, or is experiencing any other discomfort. The applicant's family has also conveyed that they have seen no significant benefit from any of the several treatments, including hyperbaric oxygen therapy, tried over the past 13 years. The applicant's neurological condition has remained static with no improvement. He is unable to express his needs and has been dependent on all activities of self-care.¹ [Para 9]

He has sleep-wake cycles and sleeps through the night. His eyes open with normal blinks, but with no purposeful movement or

response to auditory, verbal, tactile, or painful stimuli. The applicant has remained bedridden ever since the incident, due to which he has often suffered terribly from painful bedsores, despite receiving the most attentive nursing care from his mother.

Despite primarily receiving care at home, the applicant's vulnerable condition has repeatedly required hospitalisation for infections. His most recent hospitalisation had been in May 2025, at the District Hospital, Ghaziabad, for the treatment of coughing and bedsores. The weeklong hospitalisation also involved another tracheostomy.¹ [Para 10]

Furthermore, the disability certificate dated 21.11.2014 issued by the Janakpuri Super Speciality Hospital Society (Autonomous Institute), Government of NCT of Delhi, which has been annexed with the present MA, certified the applicant's condition as having a head injury with diffuse axonal injury with vegetative stage, quadriplegia and 100% permanent physical disability in relation to the whole body. The relevant extract from the said disability certificate is as follows: "This is to certify that Harish Rana, Age 21 years, Sex Male, S/o Shri Ashok Rana, Resident of Block-D-House No. 309-A, Street No. 55A, Mahavir Enclave, NEW DELHI-110059, Registration No. 0026879, is a case of Head Injury with Diffuse Axonal Injury with Vegetative Stage, Quadriplegic. He is physically disabled and has 100% [Hundred per cent] disability in relation to his whole body, and it is Permanent in nature."¹ [Para 11]

The SLP before the Supreme Court arose from a July 2, 2024, decision of the High Court of Delhi,² which dismissed the writ petition because it found that the applicant was not being kept alive by machines and could live without additional medical help. In the High Court's opinion, such a condition did not require any judicial intervention.¹ [Para 3]

The Supreme Court on 11.03.2026 passed its first-ever order allowing passive euthanasia, in terms of its 2018 Common Cause judgement³ (as modified in 2023),⁴ recognising

the fundamental right to die with dignity. A bench comprising Justice JB Pardiwala and Justice KV Viswanathan allowed the withdrawal of life support for a 32-year-old man, who has remained in an irreversible permanent vegetative state for the past 13 years after falling from a building.

Further, the parents have also prayed that the suitability of the continuation of CANH be assessed in accordance with the ruling of **the five-judge Constitution Bench** of the Supreme Court in **Common Cause vs. Union of India, reported in (2018) 5 SCC 1 (Common Cause 2018)**, and **the guidelines**³ ascribed therein, which were **later modified** to some extent by **Common Cause vs. Union of India, reported in (2023) 14 SCC 131 (Common Cause 2023)**.⁴

For ease of reference, **the guidelines regarding withdrawal and withholding of medical treatment** where no **Advance Medical Directive (AMD)** exists, as laid down in **Common Cause 2018**³ and **modified in Common Cause 2023**,⁴ will be hereinafter referred to as "**Common Cause Guidelines**".

"Harish Rana, presently aged 32 years, was once a young, bright boy. He met with a tragic life-altering accident after a fall from the fourth floor of his paying guest accommodation. His brain injury left him in a condition of Persistent Vegetative State (PVS) with 100% quadriplegia. Medical reports show that his medical condition has not improved in the past 13 years," the Division Bench noted.

He is sustaining his life solely on Clinically Administered Nutrition and Hydration (CANH), which is provided through surgically installed PEG tubes.

The Supreme Court held that CANH is a medical treatment, which can be withdrawn in the best judgement of the Primary and Secondary Medical Boards. The Court noted that continued treatment merely prolonged his biological existence without therapeutic improvement. The Court noted that the patients' parents and the primary and secondary medical

boards have reached the opinion that the CANH administered to the patient should be discontinued, as it is not in the patient's best interest.

The Supreme Court stated that when primary and secondary boards have certified the withdrawal of life support, there is no need for the Court's intervention. However, since this case was the first instance, the reference to the Supreme Court was felt. The Court stated that withdrawal of life support must be done in a dignified manner. The Court passed the following directions.¹

1. The medical treatment, including the CANH administered to the patient, shall be withdrawn or withheld. The 30-day reconsideration period is hereby waived.
2. AIIMS shall grant admission to the patient to its palliative care centre so that the withdrawal of CANH can be given effect to. AIIMS shall provide all necessary facilities for the applicant's transfer from the applicant's residence to the palliative care centre.
3. It must be ensured that life support is withdrawn with a tailored plan so that dignity is maintained.
4. The High Courts of all States shall issue directions to all Judicial Magistrates to receive intimations from hospitals, in accordance with the guidelines laid down

in Common Cause, in the event the Primary Medical Board and Secondary Medical Board arrive at a unanimous decision to withdraw or withhold life support.

5. The Union of India shall ensure that Chief Medical Officers in all districts maintain a panel of Registered Medical Practitioners for nomination to the secondary medical boards. The Court has also recommended that the Union Government bring comprehensive legislation in this regard.

While Justice Pardiwala wrote the main judgement, Justice Viswanathan penned a concurring opinion. The bench expressed its special appreciation to Harish Rana's parents for their immense love and care for their son. "His family never left his side...to love someone is to care for them even in the darkest times," Justice Pardiwala stated. In the 2018 judgement in Common Cause,³ a Constitution Bench of the Supreme Court recognised the right to die and formulated a procedure to be followed for passive euthanasia. These guidelines were further modified in January 2023,⁴ cited previous judgments⁵⁻⁷ on euthanasia.

As per these guidelines,¹ withdrawal of life support is permissible only after approval from the Primary and Secondary Medical Boards. This is the first case in which the Court's directions in Common Cause^{3,4} have been judicially applied.

REFERENCES

1. JB Pardiwala, J, KV Viswanathan, J Harish Rana vs. Union of India, SLP(C) No.18225/2024, Date of Judgement: 11.03.2026. SC.
2. Subramonium Prasad, J. Harish Rana vs. Union of India & Ors., W.P.(C) 4927/2024. Date of Judgment: 04.04.2024, 05.04.2024, 02.07.2024. Delhi High Court. Available from: URL:https://delhihighcourt.nic.in/app/showFileJudgment/SMP02072024CW49272024_164044.pdf
3. Common Cause vs. Union of India, reported in (2018) 5 SCC 1.
4. Common Cause vs. Union of India, reported in (2023) 14 SCC 131.
5. Gian Kaur vs. State of Punjab, (1996) 2 SCC 648: 1996 SCC (Cri) 374.

6. Aruna Ramachandra Shanbaug vs. Union of India, (2011) 4 SCC 454: (2011) 2 SCC (Civ) 280: (2011) 2 SCC (Cri) 294.
7. Airedale N.H.S. Trust vs. Bland, 1993 AC 789: (1993) 2 WLR 316: (1993) 1 All ER 821 (CA & HL)

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